



uterus, of which 17 had been incomplete and 11 complete. Of the 17 all were treated without operation, but by the use of gauze drainage introduced through the vagina. Seven of these patients recovered; 10 died. In the 11 cases of complete rupture 6 were treated without operation, and all of them died. Of the 5 remaining 3 died and 2 recovered after operation. The causes of death in the cases operated upon were sepsis in one case, acute asæmia following hemorrhage in another, and in the third hemorrhage following the slipping of a ligature upon the left spermatic artery.

The Care of New-born Children.—In the *Archiv für Kinderheilkunde*, 1900, Band xviii., Heft 5 and 6, BEREND draws attention to certain points in the management of new-born children, and quotes extensively from several authors. He draws especial attention to the great necessity for the strictest cleanliness in all hospitals where new-born children are kept. As regards the care of the umbilicus, he believes that the stump of cord should be thoroughly compressed to squeeze out blood and fluid before the cord is permanently tied. The child should be bathed and put to rest as soon as possible after this, to avoid being chilled. After the bath the stump of cord should be cleaned with sublimate solution and alcohol, and should be enveloped in cotton or gauze, turned toward the left side of the child, and kept in position by a binder. The cotton or gauze which surrounds the cord should not be removed until the stump separates. The external bandage may be replaced as often as necessary. When this is done the umbilical ring should be washed with sublimate solution. The primary dressing of the cord should be disturbed only when fever occurs. The child should not be given a full bath until the cord has separated and the umbilicus is well healed.

Berend believes that washing out of the mouth of the new-born child should seldom be done through danger of contamination. He believes that much mischief occurs through improper treatment of the nipples. These should not be washed in strong antiseptic solutions, but should be cleansed only in the gentlest and least irritating manner.

The Diagnosis of Congenital Disease of the Heart.—GRIFFITH, in the *Philadelphia Medical Journal*, September 30, 1899, gives the following points as diagnostic of congenital heart disease: The history of cyanosis from birth is especially important. Next is the presence of a loud, harsh murmur, heard most distinctly in regions where the ordinary murmurs of heart disease are not heard. Third, the absence of enlargement of the heart.

Appendicitis Complicating Pregnancy.—In the *Annales de Gynecologie et d'Obstetrique*, 1900, p. 357, PINARD describes several cases to which he had been called in consultation where pregnant women had been seized with pain which was mistaken for the beginning of labor. When the cases were carefully scrutinized, constipation, fever, pain in the right side, and a history of indigestion were present. The cases were appendicitis, and the patients rapidly became seriously ill. In no case occlusion of the intestine was present, and upon operation appendicitis and subsequent peritonitis were found to be the cause of the occlusion of the bowel. These patients in

most instances aborted after the operation. Bacteriological examination showed the bacillus coli communis to be the germ most frequently present. All patients under his observation recovered after being treated promptly by operation.

Delivery by Basilysis.—In spite of the increasing success with Cæsarean section, perforation of the living child is still practised in some cases. In the *Scottish Medical and Surgical Journal*, 1900, p. 403, SIMPSON describes the case of a girl, aged eighteen years, a dwarf, admitted to the Edinburgh Maternity Hospital in the ninth month of pregnancy. The child was living and in good condition. The pelvis was universally and unequally contracted and too small to permit the birth of a viable child. The patient came into labor, and craniotomy was determined upon because the mother was "a pallid, delicate creature, who appeared a bad subject for the graver forms of interference." Simpson's basilyst was introduced, an opening made in the vault which allowed the complete breaking up of the brain and cerebellum, which were washed out with a lysol douche. The instrument was screwed into the anterior part of the head and the blades separated in different directions. The head then descended and was readily delivered without lacerating the mother. An uninterrupted recovery followed.

Simpson's basilyst combines a central perforating stem and blades, which can be used as a cephalotribe and also as tractors. That it is an efficient instrument is evident.

[The choice of operation in this case cannot be admitted without comment. Had this patient been infected by efforts at delivery before she came into the hospital, or had she been exhausted in labor, as she was a frail person, the choice of the method of delivery would have seemed to us a clearer one. But, in our experience, it is possible to deliver frail young women who have not been infected and exhausted, by Cæsarean section, with the recovery of the mother, who nurses her living child. We are aware that it is easy to criticise a case which we have not personally seen. It is, however, fair to compare experiences.—ED.]

A Problem in Antenatal Pathology.—Under this title BALLANTYNE writes in the *American Journal of Obstetrics*, 1900, p. 577, of healthy parents who had two normal children born by normal labor. Then came an abortion at the second or third month; following this ensued five pregnancies, after one of which a normal female infant was born and survived. The other four pregnancies terminated in the birth of female infants, stillborn or perishing soon after birth with hydrocephaly, anencephaly, spina bifida, general debility, malformed hands, malformed feet, and absence of the radius. In these cases there were prolonged gestation, abnormally shortened gestation, amniotic bands, and abnormalities of the placenta.

In the mother's history there was found a tendency, hereditary on her part, to malformation of the thumb, and this peculiarity was reproduced in her later pregnancies. No other cause could be assigned for these abnormalities. As regards treatment, it is suggested that the uterus be curetted and that thyroid extract be administered during the early stages of the next pregnancy.